**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Steven M. Goetz

**≒**Filed:

Herewith

Customer No.:

28863

Docket No.:

1023-259US01

Title:

SELECTION OF NEUROSTIMULATOR PARAMETER

CONFIGURATIONS USING BAYESIAN NETWORKS

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV 395707126 US

Date of Deposit: January 29, 2004

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Copamissioner for Patents, Alexandria, VA 22313-1450.

Name: Patricia Cygan

## REQUEST FOR PATENT APPLICATION UNDER 37 C.F.R. § 1.53(b)

MAIL STOP PATENT APPLICATION Commissioner for Patents Alexandria, VA 22313-1450

Sir:

This application claims priority from U.S. Provisional Application Serial No.

60/503,220, filed September 15, 2003.

We are transmitting herewith the attached correspondence relating to this application:

| $\boxtimes$ | Transmittal | sheet | containing | Certificate | of Mailing. |
|-------------|-------------|-------|------------|-------------|-------------|
|-------------|-------------|-------|------------|-------------|-------------|

Utility Patent Application: Spec. 21 pgs; Claims 8 pgs; Abstract 1 pg.

The fee has been calculated as shown below in the "Claims as Filed" table.

9 sheets of formal drawings.

Signed Combined Declaration and Power of Attorney (3 pgs.)

Assignment including Recordation Form Cover Sheet, and fee of \$40.00.

Check in the amount of \$1,368.00: \$1328.00 for filing fee and \$40.00 for assignment fee.

Return postcard.

## **CLAIMS AS FILED**

| Number of Claims<br>Filed    | In Excess of: | Number<br>Extra |   | Rate    |   | Fee      |  |  |  |
|------------------------------|---------------|-----------------|---|---------|---|----------|--|--|--|
| Basic Filing Fee             |               |                 |   | •       |   | \$770.00 |  |  |  |
| Total Claims                 |               |                 |   |         |   |          |  |  |  |
| 51                           | 20            | 31              | х | \$18.00 | = | \$558.00 |  |  |  |
| Independent Claims           |               |                 |   |         |   |          |  |  |  |
| 3                            | 3             | 0               | х | \$86.00 | = | \$       |  |  |  |
| MULTIPLE DEPENDENT CLAIM FEE |               |                 |   |         |   |          |  |  |  |
| TOTAL FILING FEE             |               |                 |   |         |   |          |  |  |  |

Please apply any charges not covered, or any credits, to Deposit Account No. 50-1778.

If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at (651) 735-1100.

Kindly acknowledge receipt of this application by returning the enclosed postcard.

Please send all correspondence to Practitioners at Customer Number 28863.

28863

PATENT TRADEMARK OFFICE

Date:

1-29-04

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